

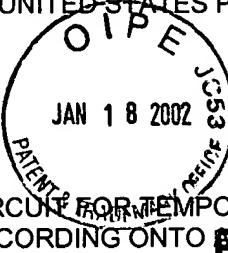
## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Akira TSUKIHASI

Serial No: 09/476,862

Filed: January 3, 2000

For: DATA PROCESSING CIRCUIT FOR TEMPORARILY  
SUSPENDING DATA RECORDING ONTO **RECEIVED**  
(Amended)

Art Unit: 2651

Examiner: Gautam R. Patel

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:  
Commissioner for Patents  
Washington D.C. 20231, on  
October 26, 2001

Date of Deposit

Diane S. Zynn

Name

Diane S. Zynn

10/26/01

Signature

Date

Commissioner for Patents  
Washington, D.C. 20231

Technology Center 2600

FEB 04 2002

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

Small entity status has been claimed. See 37 CFR § 1.27.

A certified copy of Patent Application No. filed from which priority is claimed under 35 U.S.C. § 119 is enclosed.

A Notice Of Change Of Attorney's Address and Associate Power Of Attorney is enclosed.

No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR		(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE	ADD'L FEE DUE
TOTAL CLAIMS FEE	12	-	20	**	0	LG=\$18 SM=\$9	[\$FEE]
INDEPENDENT CLAIMS FEE	2	-	3	***	0	LG=\$80 SM=\$40	[\$FEE]
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS						LARGE ENTITY FEE = \$270 SMALL ENTITY FEE = \$135	[\$FEE]
						<b>TOTAL</b>	<b>\$ 0</b>

\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

A check in the amount of \$ 0 to cover the additional claims fee is enclosed. **A copy of this sheet is enclosed.**

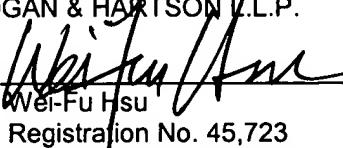
A check in the amount of \$ 0 to cover the extension fee is enclosed. **A copy of this sheet is enclosed.**

The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. **A copy of this sheet is enclosed.**

Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims

Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,  
HOGAN & HARTSON L.L.P.

By: 

Wei-Fu Hsu

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Date: 10/26/01

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